

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1188**
Registrar's No. **34**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>45 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 21058</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4225 Campbell</u>				d. STREET ADDRESS (If rural, give location) <u>4225 Campbell Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>ROBINSON</u>		c. (Last) <u>KENNEDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-1-1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 10-1867</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 7yrs. Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STANDARD RENDERING PLANT</u>		11. BIRTHPLACE (State or foreign country) <u>4 BELFAST IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW KENNEDY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROBINSON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARY A. KENNEDY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>515-09-6526</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUBY MINTURN</u> ADDRESS <u>4225 CAMPBELL KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> DUE TO (c) <u>coronary thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Similarity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u> <u>month's</u> <u>1 week</u> <u>4227</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>50</u> , to <u>1-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>51</u> , and that death occurred at <u>7:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Esther Winkelman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4050 Broadway K.C. Mo</u>		23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Newcomer</u> ADDRESS <u>1331 BASH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ *Robert E Herron* Student Embalmer No. *394*
working under my personal supervision.

Student .. *Robert E Herron* ..
Student Embalmer

Signed *John E. Franking*
Licensed Embalmer No. *4403*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.